County Clerk and Recorder

County Application

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A DEATH CERTIFICATE?

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification

Picture ID with a Signat	ure OR Two Forms of ID = 0	One MUST have a Signature	OR
Driver's License State ID Card Passport Military ID Card Tribal	Social Security Card Work ID Card Car registration/Insurance Doctor/Medical record Fishing License US Military DD 214 Utility Bill with a current address Voter Registration Card	Credit/Debit/ATM Card School ID Card Library Card Insurance Record Pay Stub Traffic/ Pawn ticket Court record Year Book	Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy) Have an authorized family member that has an ID order the certificate

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request

<u>IMPORTANT:</u> If the identification requirement is <u>NOT</u> met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEE (All fees must be U.S. funds)

• CERTIFIED COPIES OF A DEATH CERTIFICATE cost \$15.00 for the first copy, \$6.00 for each additional copy of the same record. (non-refundable)

Please complete the following information	on.			
Decedent's Name:				
Date of Death (We need a date to begin sea	arching if date is unknown):		Date of Birth:	
ace of Death: Place of Birth:				
Occupation:	Spouse's Name:			
Number of Copies	Type of record needed? Certified Not Certified			
Reason record is needed				
Mailing or Delivery Address:				
Name:				
Address:				
City, State, Zip:	Daytime Telephone Number:			
Signature of Applicant:	Relationship:			
	Notary (For use if ne	eded)		
	personally appeared before me and whose identity	I proved on the basis of satis	sfactory evidence to be the signer of the	
above instrument.				
Subscribed and sworn to before me this	day of	20	Official Use Only	
			Date	
			Rec#	
21			Amount	
	Signature:		Cert #	
SEAL	Printed Name: Notary Public in and for the State of		Ser #	
SEAL	Residing atMy commission exp	res:	Comment	

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT, OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114(C), MCA)